

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	JW	TS331	
O.I.P.E. CLASSIFIER	(30)	57	2-18-93
FORMALITY REVIEW		20611	2/23/93

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	2-23-93
2	✓	✓	2-23-93
3	✓	✓	2-24-93
4	✓	✓	2-24-93
5	✓	✓	
6	✓	✓	
7	✓	✓	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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